

SUBMIT: COMPLETED APPLICATION, TAX  
ST./FEE/ENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

RECEIVED  
MAR 16 2015  
Bayfield Co. Zoning Dept.

Permit #:	15-0094
Date:	4-17-15
Amount Paid:	\$75 4-17-15
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Sam Lohlich III	Mailing Address: 26090 US Hwy 2 Ashland WI 54804	City/State/Zip: Ashland WI 54804	Telephone: 7460 2589
Address of Property: Same		City/State/Zip: Ashland WI 54804	Cell Phone: 492 7258
Contractor: Self	Contractor Phone: -	Plumber: -	Plumber Phone: -
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone: -	Agent Mailing Address (include City/State/Zip): -
PROJECT LOCATION: NW 1/4, SW 1/4		Gov't Lot: -	Lot(s): -
Legal Description: (Use Tax Statement)		CSM: -	Vol & Page: -
PIN: (23 digits) 020247051730200010000		Lot(s) No.: -	Block(s) No.: -
Recorded Document: (i.e. Property Ownership) Volume 890		Subdivision: -	Pages: 958
Town of: Eileen		Lot Size: -	Acreage: 2.5
Section 17, Township 47 N, Range 5 W			
<input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> If yes--continue <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage <input type="checkbox"/> If yes--continue	Distance Structure is from Shoreline: - feet	Distance Structure is from Shoreline: - feet
		Distance Structure is from Shoreline: - feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Distance Structure is from Shoreline: - feet	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ 10,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary/Exists	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Specify Type: HI	<input type="checkbox"/>
	<input type="checkbox"/> Conversion	<input type="checkbox"/> Basement			<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> No Basement			<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length: 32 ft	Width: 20 ft	Height: 10 ft
Proposed Construction:			

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	( X )	
	Residence (i.e. cabin, hunting shack, etc.)	( X )	
	with Loft	( X )	
	with a Porch	( X )	
	with (2nd) Porch	( X )	
	with a Deck	( X )	
	with (2nd) Deck	( X )	
	with Attached Garage	( X )	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities	( X )	
	Mobile Home (manufactured date)	( X )	
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	( X )	
	Accessory Building (specify) wood	( 32 X 20 )	640
	Accessory Building Addition/Alteration (specify)	( X )	
Rec'd for Issuance			
	Special Use: (explain)	( X )	
	Conditional Use: (explain)	( X )	
	Other: (explain)	( X )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Sam Lohlich  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit \_\_\_\_\_  
(If you recently purchased the property send your Recorded Deed

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- (6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- (7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%

See attached

Please complete (1) - (7) above (prior to continuing)

- (8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	280 Feet	Setback from the Lake (ordinary high-water mark)	17A Feet
Setback from the Established Right-of-Way	365 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	300 +/- Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	280 +/- Feet	Setback from Wetland	125 Feet
Setback from the West Lot Line	580 +/- Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	1600 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	70 +/- Feet	Setback to Well	Feet
Setback to Drain Field	17A Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

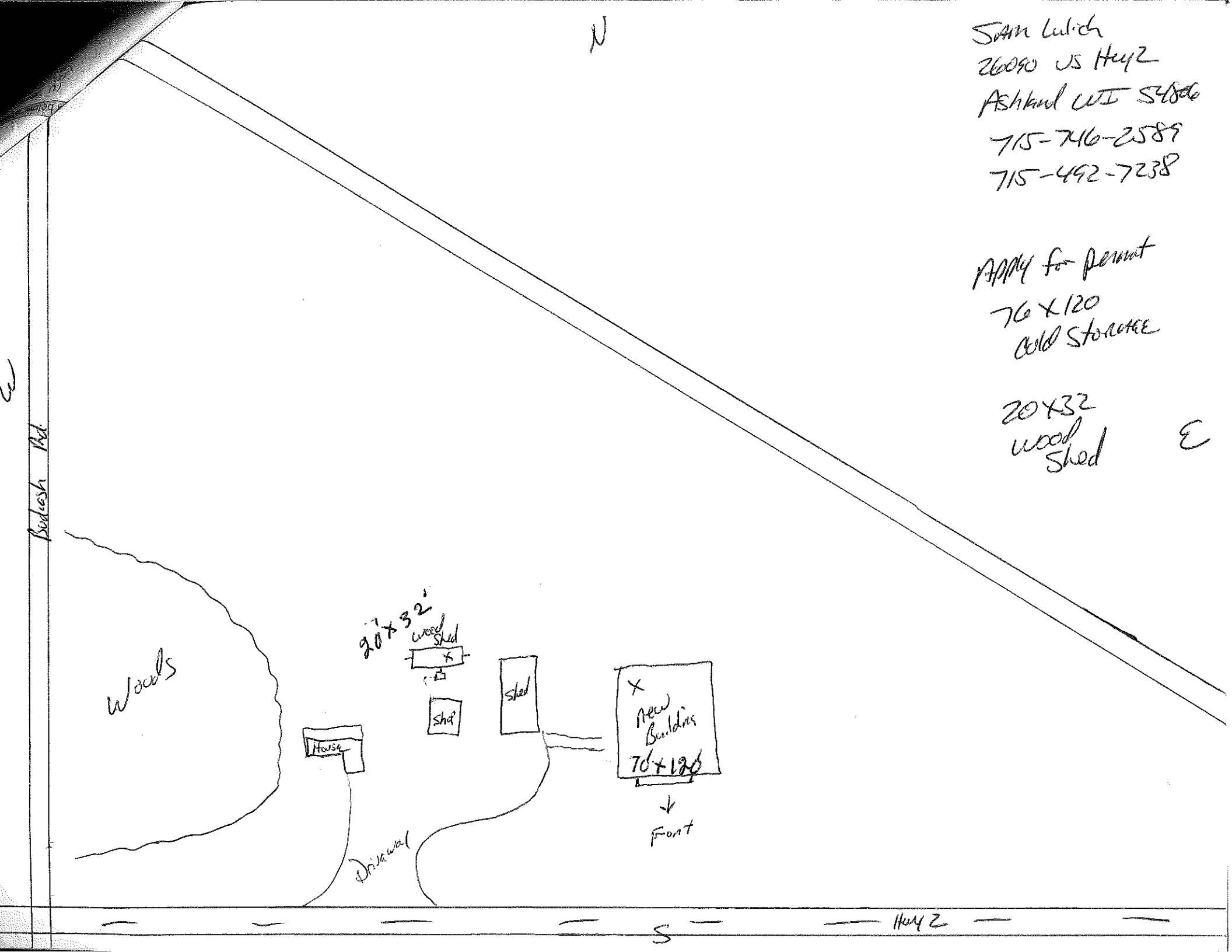
Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 15-0074		Permit Date: 4-17-15		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Required
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Attached
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: HT issue completed by my piece		Zoning District (H&I)		
Date of Inspection: 3-24-15		Inspected by: J. Brown		
Condition(s): Town Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No they need to be attached)		Date of Re-Inspection:		
Builder shall not be used for human habitation + shall not have indoor plumbing fixtures unless necessary permits + inspection are constant				
Signature of Inspector: [Signature]		Date of Approval: 4-16-15		
Hold For Sanitary: <input type="checkbox"/>	Hold For B&A: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	

N

Sam Lulich  
26090 US Hwy 2  
Ashland WI 54806  
715-746-2589  
715-492-7238

Apply for permit  
76 x 120  
wood storage

20 x 32  
wood  
shed E



5 UNIT - COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN RECEIVED MAR 16 2015 Bayfield Co. Zoning Dept.

Permit #: 15-0075 Date: 4-17-15 Amount Paid: \$288 Refund: \$288

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: LAND USE SANITARY PRIVATE CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Samuel Lulich III Mailing Address: 26090 US Hwy 2 Ashland WI 54806 Telephone: 746-2589

Address of Property: Same City/State/Zip: Same Contractor Phone: Plumber: 492-7438

Contractor: Self Agent Phone: Agent Mailing Address (include City/State/Zip): Written Authorization Attached: NO

Authorized Agent: (Person Signing Application on behalf of Owner(s))

PROJECT LOCATION: NW 1/4, SW 1/4 Legal Description: (Use Tax Statement) 04-02024705/130200010000 Subdivision: Recorded Document: (i.e. Property Ownership) Volume 890 Page(s) 958

Section 17, Township H7 N, Range 5 W Town of: Elk River

Shoreland: Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes--continue Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue Distance Structure is from Shoreline: feet Is Property in Floodplain Zone? Yes No Are Wetlands Present? Yes No

Non-Shoreland

Value at Time of Completion \* include donated time & material \$90,000 \$13000

Project: New Construction # of Stories and/or basement 1-Story Use Seasonal # of bedrooms 1 What Type of Sewer/Sanitary System is on the property? Municipal/City Water City

Addition/Alteration 1-Story + Loft Year Round 2 Sanitary (Exists) Specify Type: (New) Sanitary Specify Type: Well

Conversion 2-Story 3 Sanitary (Exists) Specify Type: Privy (Pit) or Vaulted (min 200 gallon)

Relocate (existing bldg) Basement No Basement Portable (w/service contract) Compost Toilet

Run a Business on Property Foundation None

Existing Structure: (if permit being applied for is relevant to it) Length: 120 ft Width: 76 ft Height: 14 ft

Proposed Construction:

Proposed Use: Principal Structure (first structure on property) Dimensions: 120 x 76 Square Footage: 9120

Residential Use: Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2nd) Deck with a Deck with (2nd) Deck with Attached Garage

Commercial Use: Bunkhouse sanitary, or sleeping quarters, or cooking & food prep facilities Mobile Home (manufactured date) Addition/Alteration (specify) Accessory Building (specify) Accessory Building Addition/Alteration (specify)

Municipal Use: Special Use: (explain) Conditional Use: (explain) Other: (explain)

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES. I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Same Lulich Date: 3/16/15

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: Attach

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Storage Barn \$288.00

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%

See Attached

Please complete (1) - (7) above (prior to continuing)

- (8) Setbacks: (measured to the closest point)

per owner's plan Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	4173 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	4173 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	330 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	330 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	400 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	4100 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	7100 Feet	Setback to Well	Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	Feet		

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Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction: Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of Bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:	concrete building base (2)1000g	
Permit #: 15-0075	Permit Date: 4-17-15			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous lot(s)) <input type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record: IT ILICIT OFF THE CORNERS PRIOR TO PERMIT ISSUANCE. CORRECTED BY ATO2 MP.		Zoning District	(A-1)	
Date of Inspection: 3-24-15		Inspected by: JASON BOE MURPHY	Date of Re-Inspection: N/A	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (if No they need to be attached.) BUILDING SHALL NOT BE USED FOR HABITATION OR INDOOR PLUMBING FIXTURES UNLESS NECESSARY PERMITS & INSPECTIONS ARE OBTAINED				
Signature of Inspector: [Signature]				Date of Approval: 4-16-15
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	



# Field County, WI

